NORTH RIDGE MEDICAL/REHABILITATION CENTER

1445 NORTH 7TH STREET

MANITOWOC 54220 Phone: (920) 682-0314 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 110 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 124 Yes Number of Residents on 12/31/02: 103 Average Daily Census: 106

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	୍ଚ					
Home Health Care	No		% Age Groups		~ 용		42.7	
Supp. Home Care-Personal Care	No					1 - 4 Years	42.7	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.9		14.6	
Day Services	No	Mental Illness (Org./Psy)	3.9	65 - 74	13.6			
Respite Care	No	Mental Illness (Other)	1.0	75 - 84	39.8		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.8	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	3.9	Full-Time Equivalent	5	
Congregate Meals No		Cancer 1.9				Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	15.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	16.5	65 & Over	97.1			
Transportation	No	Cerebrovascular	8.7			RNs	11.3	
Referral Service	No	Diabetes	1.9	Sex	용	LPNs	6.7	
Other Services	Yes	Respiratory	10.7			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	38.8	Male	34.0	Aides, & Orderlies	46.9	
Mentally Ill	No			Female	66.0			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<u> </u>		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	247	70	95.9	107	0	0.0	0	15	100.0	147	0	0.0	0	0	0.0	0	100	97.1
Intermediate				2	2.7	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	1	1.4	225	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Total	15	100.0		73	100.0		0	0.0		15	100.0		0	0.0		0	0.0		103	100.0

NORTH RIDGE MEDICAL/REHABILITATION CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
				9	Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	15.5		65.0	19.4	103
Other Nursing Homes	2.9	Dressing	15.5		65.0	19.4	103
Acute Care Hospitals	85.0	Transferring	20.4		57.3	22.3	103
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.4		60.2	19.4	103
Rehabilitation Hospitals	0.0	Eating	78.6		14.6	6.8	103
Other Locations	3.6	******	*****	******	*****	******	*****
Total Number of Admissions	140	Continence		용	Special Treat	ments	양
Percent Discharges To:		Indwelling Or Externa		6.8	Receiving F	Respiratory Care	13.6
Private Home/No Home Health	37.9	Occ/Freq. Incontinent	t of Bladder	44.7	Receiving T	racheostomy Care	1.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	23.3	Receiving S	Suctioning	1.0
Other Nursing Homes	5.5					stomy Care	1.9
Acute Care Hospitals	19.3	Mobility			Receiving T	'ube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving N	Mechanically Altered Diets	27.2
Rehabilitation Hospitals	0.0						
Other Locations	6.2	Skin Care			Other Resider	t Characteristics	
Deaths	31.0	With Pressure Sores		3.9	Have Advanc	e Directives	100.0
Total Number of Discharges		With Rashes		1.9	Medications		
(Including Deaths)	145				Receiving E	Sychoactive Drugs	56.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary		100	-199	Ski	lled	Al	1		
	Facility	cy Peer Group		Peer	Group	Peer Group		Faci	lities		
	%	90	Ratio	%	Ratio	엉	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	85.1	85.1	1.00	85.5	1.00	86.7	0.98	85.1	1.00		
Current Residents from In-County	98.1	75.4	1.30	78.5	1.25	69.3	1.41	76.6	1.28		
Admissions from In-County, Still Residing	30.0	20.1	1.49	24.7	1.22	22.5	1.34	20.3	1.48		
Admissions/Average Daily Census	132.1	138.3	0.95	114.6	1.15	102.9	1.28	133.4	0.99		
Discharges/Average Daily Census	136.8	139.7	0.98	114.9	1.19	105.2	1.30	135.3	1.01		
Discharges To Private Residence/Average Daily Census	51.9	57.6	0.90	47.9	1.08	40.9	1.27	56.6	0.92		
Residents Receiving Skilled Care	97.1	94.3	1.03	94.9	1.02	91.6	1.06	86.3	1.13		
Residents Aged 65 and Older	97.1	95.0	1.02	94.1	1.03	93.6	1.04	87.7	1.11		
Title 19 (Medicaid) Funded Residents	70.9	64.9	1.09	66.1	1.07	69.0	1.03	67.5	1.05		
Private Pay Funded Residents	14.6	20.4	0.71	21.5	0.68	21.2	0.69	21.0	0.69		
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	4.9	30.3	0.16	36.8	0.13	37.8	0.13	33.3	0.15		
General Medical Service Residents	38.8	23.6	1.65	22.8	1.70	22.3	1.74	20.5	1.89		
Impaired ADL (Mean)	44.1	48.6	0.91	49.1	0.90	47.5	0.93	49.3	0.89		
Psychological Problems	56.3	55.2	1.02	53.4	1.05	56.9	0.99	54.0	1.04		
Nursing Care Required (Mean)	6.3	6.6	0.95	6.8	0.92	6.8	0.93	7.2	0.88		